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CONFIRMATION NO. 4239

SERIAL NUMBER 10/730,564	FILING DATE 12/08/2003  RULE	CLASS 264	GROUP ART UNIT 1732	ATTORNEY DOCKET NO.
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* YES --SS  
 This appln claims benefit of 60/431,379 12/06/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE --SS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
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ADDRESS  
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TITLE  
 Resin infusion potting

FILING FEE  RECEIVED 489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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